PTC/SB/06 (08-03)
Approved for use through 7/31/2008, OMB 0651-0032
Ridemark Officer LLS, PERSAGRAPHICA, OR 0651-0032

Under the Paperwork R	eduction Act of 1995	On beacour me ted	uired to respond	to a collection of in	formation unte	35 A (E)	Sys q valid OMB	control number.	•
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						17	71054	Cora	}
CLAIMS AS FILED - PART I OTHER THAN									
	(Caturus 1)		otumo 2)	SMALL	ENTITY	OR		ENTITY	
FOR MUMBER FILED MUMBE BASIC FEE		ER EXTRA	RATE	FEE		RATE	FEE		
(37 CFR 1.16(a))			I L	3	OR		1:20		
(37 CFR 1.16(c))	All minu	. 70 .	ι	X 3 .		OR	1.10.	114	1
(37 CFR 1.16(b))	7	3		X .	 	1	77	200	1
(37 CFR 1.18(0)) minus 3 • MUR TUPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))				X 3		OR	100		┨
	1 1 1		OR	TOX YO	11/12	OID			
* If the difference in colum	TOTAL	L	OR	TOTAL	KUC.	P.CD			
CLAIMS AS AMENDED - PART II									
1/62400 "	Cotumn 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY	
	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT	RATE	ADOI-		RATE	ADD+	1
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FIRST PRESENTATIO			OR	(AL)		1			
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(Column 1) (Column 2) (Column 3)									ĺ
	CLAIMS EMAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	/
Z AM	ENDMENT	PAID FOR	1		FEE			FEE /	r
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E CFR 1.teps	3 Minu	9	'/	X \$=		OR	X \$ =	7	
FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (ST CFB). 18(d))				+1		OR	+; :		
0 12	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/				
(Column 1) (Column 2) (Column 3)									
	CLAIMS	HIGHEST					/		
	MAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE '	ADDI- TIONAL	
Your AM	ENDMENT Minus	PAID FOR	- /		FEE			FEE	
O profesional .	/ Minur	- ay	- 6	X 5		OR	X \$*		
Total Total Total OT OFF LIFED PLOST DESCRIPTION	X 5		OR	x 8					
▼ FIRST PRESENTATION	+9		O R	45					
	ADD'L FEE		OR	ADD'L FEE					
 if the entry in column if the "Highest Numb 	n 1 is less than the er ar Previously Paid F	ntry in column 2, writ or IN THIS SPACE	a "O" in column 1 is less than 20), enter *20°.					
"If the "righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.18. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.

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